


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K04381</b> 1. Entity Name <b>STEVEN HARDING MOSS, M.D., P.A.</b>	
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Principal Place of Business <b>10441 QUALITY DR SUITE #203 SPRING HILL, FL 34609 US</b>	Mailing Address <b>10441 QUALITY DR SUITE #203 SPRING HILL, FL 34609 US</b>
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03092004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2864050</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**5. Name and Address of Current Registered Agent**

**DO NOT WRITE  
IN THIS SPACE**

**WARFEL, TIMOTHY J.  
2015 CENTRE PT. BLVD.  
SUITE 105  
TALLAHASSEE, FL 32308**

6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MOSS, STEVEN HARDING 10441 QUALITY DR SUITE 203 SPRING HILL, FL 34609</b>
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U00000109440  
04/12/04-80043-014 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other filers empowered.

**SIGNATURE:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/1/04 352-683-7566**  
Date Daytime Phone #